

**Electronic Filing System (EFS) Data**  
**Electronic Patent Application Submission**  
**USPTO Use Only**

EFS ID: 15656  
Application ID: 10064066  
Title of Invention: Method and System for Discount  
Debit Card  
First Named Inventor: Kyle Brown  
Domestic/Foreign Application: Domestic Application  
Filing Date: null  
Effective Receipt Date: 2002-06-06  
Submission Type: Utility Patent Filing  
Filing Type: new-utility  
Confirmation Number: 0  
Attorney Docket Number: 102-1002  
Digital Certificate Holder: cn=Joel I. Rosenblatt, ou=Registered Attorneys, ou=Patent and  
Trademark Office, ou=Department of Commerce, o=U.S.  
Government, c=US  
Certificate Message Digest: sTI7yqvSU85SADm5+Tr61A==  
Total Fees Authorized: \$473.0  
Payment Category: CC - Credit Card  
Credit Card Number: \*\*\*\*\*1004  
Expiration Date: 09012003  
Card Holder Name: Joel I. Rosenblatt  
RAM User ID: EFSPROD  
RAM Accounting Date: 2002-06-06  
RAM Sequence Number: 464063  
RAM Payment Status: RAM success  
Postal Code: 32903



# TRANSMITTAL FORM

Electronic Version 1.0.3

Stylesheet Version: 1.0

Submission Type: Utility Patent  
Filing

Attorney Docket  
Number:

102-  
1002



## Method and System for Discount Debit Card

First Named Inventor: Mr. Kyle Ray Brown

### SUBMITTED BY

Name:	Mr. Joel I. Rosenblatt
Registration Number:	26025
Electronic Signature Mark: /Joel I. Rosenblatt/	Date Signed: 20020606

*I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.*

*I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.*

### Attached Files:

declaration	Declpg1Sgnd.tif
declaration	Declpg2Sgnd.tif
declaration	PwrAtty.tif
declaration	AssgSgd.tif

specification	Appln102-1002newtif.xml
bid-transmittal	102-1002apds.xml
fee-transmittal	102-1002fee.xml

Attached Image File(s):

Declpg1Sgnd.tif

Declpg2Sgnd.tif

PwrAtty.tif

AssgSgd.tif

10064066

**Comments:**

This is my first electronic filing done with considerable assistance from the USPTO help desk. The staff in this PTO office are good at their job considering the complexity of the electronic filing system. The EFS is a more efficient way of filing and the PTO should be spending its funds on this and similar kinds of electronic improvements. I noticed the system asked for a small entity statement byt to my knowledge that is no longer required. I believe all of my attached forms and fee authortization are correct. Please contact me if any correction is needed. Joel I. Rosenblatt

10064066 - DEPOS

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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

102.1002

First Named Inventor

Kyle Ray Brown

**COMPLETE IF KNOWN**

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method and System for Discount Debit Card

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plaintiff's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plaintiff's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time...

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☒ Customer Number **24253** OR ☐ Correspondence address below

Name

Address

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State

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Country

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Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name **Kyle Ray**  
(first and middle (if any))Family Name **Brown**  
or SurnameInventor's  
Signature*X Kyle Ray**X* Date **6-1-02**

Cocoa

Florida

U.S.A.

U.S.A.

Residence: City

State

Country

Citizenship

Mailing Address **3827 Parapet Drive**

Cocoa

Florida

32920

U.S.A.

City

State

ZIP

Country

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle (if any))Family Name  
or SurnameInventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

(Page 2 of 2)

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Kyle Ray Brown
Title	Method & System for Dis
Group Art Unit	Card
Examiner Name	
Attorney Docket Number	102.1002

I hereby appoint:

☒ Practitioners at Customer Number

24253

Place Customer  
Number Bar Code  
Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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State

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Telephone

Fax

I am the:

☒ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Kyle Ray Brown

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the PTO.

## ASSIGNMENT OF APPLICATION

Docket Number (Optional)

102.1002

Whereas, I/~~We~~ Kyle Ray Brown of 3827 Parapet Dr. Cocoa, FL. 32920, hereafter referred to as applicant, have invented certain new and useful improvements in Method and System for Discount Debit Card

☐ for which an application for a United States Patent was filed on \_\_\_\_\_  
Application Number \_\_\_\_\_ / \_\_\_\_\_

☒ for which an application for a United States Patent was executed on June 1, 2002, and K.B.

Whereas, Total eSolutions, Inc. of Cape Canaveral, Florida herein referred to "assignee" whose mailing address is 101 George King Blvd., Cape Canaveral, FL 32920 desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of Ten dollars (\$ 10.00), the receipt whereof is acknowledged, and other good and valuable consideration, I/~~We~~ the applicant(s), by these presents do sell, assign and transfer unto said assignee the full and exclusive right to the said invention in the United States and the entire right, title and interest in and to any and all Patents which may be granted therefor in the United States, I/~~We~~ hereby authorize and request the Commissioner of Patent and Trademarks to issue said United States Patent to said assignee, of the entire right, title, and interest in and to the same, for his sole use and behoof; and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this X 1<sup>ST</sup> day of May JUNE, 2002  
at Cape Canaveral, Florida

X State of FLORIDA

County of BREVARD

SS:

X Kyle Brown  
(Signature)

(TX D/L# 05616144)

Before me personally appeared said KYLE BROWNS

and acknowledged the foregoing instrument to be his free act and deed this 1<sup>ST</sup>

day of JUNE, 20 02.

Seal



Susan R. Katsotis  
(Notary Public)

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

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This form offers a sample or suggested format for an assignment document. This sample form is not an OMB officially approved form.

10064066 "05616144"



# FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Small Entity

Small Business Concern

**TOTAL FEES AUTHORIZED: \$ 473**

## BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 1004  
Expiration Date: 20030901  
Authorized Name: Joel I. Rosenblatt  
Billing Address: 32903

## BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 27	203	\$ 9	7	\$ 63
Independent Claims: 3	202	\$ 42	0	\$ 0

Subtotal For Extra Claims Fees: \$ 63

## ADDITIONAL FEES

Fee Description	Number	Quantity	Fee Code	Amount	Fee Paid
Recording Each Patent Assignment Per Property Fee	00000000	1	581	\$ 40	\$ 40

Subtotal For Additional Fees: \$ 40